Central West **LHIN**
RLISS du Centre-Ouest

Central West LHIN

Annual Report • 2010-2011

Ontario
Local Health Integration Networks
Réseau local d'intégration des services de santé

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LEADING THE HEALTH SYSTEM

The Central West Local Health Integration Network (LHIN) is taking the lead developing an integrated system of health services that will improve access to services for all residents. The Central West LHIN's Integrated Health Services Plan 2010-2013 (IHSP2) outlines the transformational work that is being accomplished to ensure the right services are available in the right place at the right time. The IHSP2 details the LHIN's priorities and strategic directions, including specific goals and measures that are being used to determine our successes.

Under the Local Health System Integration Act, the Central West LHIN has the authority to plan, integrate, fund and monitor the local health system for the purpose of improving the health of residents who live in local communities within the LHIN's geographic boundaries. Based on this mandate, the Central West LHIN established its strategic directions using 5 guiding principles:

1. Equitable access based on patient /client need.
2. Preservation of patients'/ clients' choice.
3. People-centred, community-focused care that responds to local population health needs.
4. Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management.
5. Shared accountability between providers, government, community and citizens.

The Central West LHIN's strategic directions are fully aligned with the Ministry of Health and Long-Term Care (MOHLTC) priorities and are based on community engagement, data analysis and leading practice research.

Strategic directions that align with provincial priorities of the MOHLTC include:

- ER/ALC
- Diabetes
- Mental Health and Addictions
- Information Management
- Aboriginal Health
- French Language Services

Strategic directions that reflect local priorities:

- Primary Health Care
- Integrated Regional Programs
- Diversity and Equity
- Health Human Resources
- Back Office Integration

The Central West LHIN now funds 53 health service programs with a total transfer payment of $759,377,113 in 2010/11.

Included in the total transfer payment for 2010/11 is funding for the following initiatives:

- Growth Funding: $923,300
- Post Construction Operating Plan (PCOP) Funding: $9,528,100
- ER/ALC Pay for Results Funding: $4,063,400
- CCAC Service Maximum: $1,628,000
- Regional Geriatric Services: $1,275,933
- Wait time funding
    - Magnetic Resonance Imaging (MRI) $4,134,700
    - Hip & Knee Replacements $1,813,800
    - Computed Tomography (CT) $433,500
    - Cataract Surgery $1,170,800
    - Paediatric and General Surgery $723,900

Health service programs in the Central West LHIN consist of:

- 2 community health centres
- 1 Community Care Access Centre
- 2 hospital corporations
- 9 mental health and addictions services
- 24 long-term care homes
- 15 community support services

MESSAGE FROM THE CHAIR AND CEO

In 2010/11, the Central West Local Health Integration Network (LHIN) funded 53 health service programs with $759 million. The LHIN also negotiated accountability agreements with each of the health service providers to ensure accountability for dollars spent and services delivered.

Since 2007, the Central West LHIN has provided more than $178 million in new funding to Brampton Civic Hospital, over $26 million to the Central West Community Care Access Centre, and almost $6.5 million to community-based providers.

These new investments have made a difference in the Central West LHIN which has the fastest population growth in the province. The Community Care Access Centre is able to support 19,000 clients annually. Brampton Civic Hospital experienced an annual emergency room growth rate of 20% between 2008/09 and 2009/10, yet emergency room (ER) wait times are not growing at this rate and in many cases have been reduced.

A sum of $4.2 million has been slated for renovations and improvements at Etobicoke General Hospital. Plans include the redevelopment of the hospital's emergency department and critical care beds as well as upgrading the existing hospital infrastructure and the enhancement and expansion of patient-care areas.

Plans for the redevelopment of the Peel Memorial Hospital site moved significantly forward in 2010/11. When the new Peel Memorial Centre for Integrated Health & Wellness opens it will offer urgent care, ambulatory care and outpatient clinics focused on women and children, seniors, and mental-health services.

Progress is evident when considering the Alternative Level of Care (ALC) rate, which is a measurement of how many patients are in the hospital waiting for services that could be delivered in the community. Significantly, the Central West LHIN has the lowest ALC rate in the province.

Consulting with the health service providers, civic officials and members of the public, provides local insight about priorities. Since 2006, Central West LHIN board members and staff have facilitated over 130 public consultations involving more than 4500 individuals.

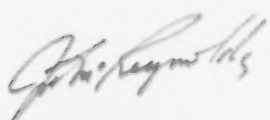
In 2010/11 more than 670 individuals were part of Central West LHIN community engagement events. The LHIN held consultations in Shelburne and Bolton regarding the establishment of Health and Care Centres in those communities. A special consultation was held with members of the Somali community where 80 community members discussed how the local health system is meeting their needs. In addition to these engagements, the Board of Directors of the Central West LHIN met with boards of health service providers to develop means of working together to enhance the accessibility and quality of services in the community.

In 2010/11 the Central West LHIN undertook a number of new initiatives to ensure improved access to local health services. Examples include:

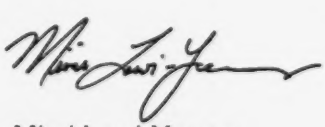
- The Central West Regional Diabetes Coordination Centre, hosted by William Osler Health System, was established to organize and coordinate regional diabetes plans for programs and services in the region.
- The Regional Renal Coordination Centre, hosted by William Osler Health System, was established to organize and coordinate plans and services.
- Year three of Aging at Home was launched with $10.7 million in total funding, which includes $3.9 million in new funding for this fiscal year. These funds support 15 new programs helping another 3000 seniors. The total Aging at Home funding now supports 47 programs helping 20,000 seniors.
- CCAC Nursing Care Centres have been established in to 3 locations (Brampton, Orangeville and Etobicoke) to support local residents accessing care in the community.
- Home First has been adopted throughout the Central West LHIN to facilitate people leaving hospital so they can be cared for in their homes with the support and services necessary.
- The Central West LHIN established the Central West Palliative Care Network to bring together community resources to support individuals at this stage in their life.

Engaging local residents and health service providers, and listening to their perspectives about the local health system, takes time and effort. However, these engagements have resulted in a local health system that is better coordinated and able to address the diverse and unique needs of the communities making up the Central West LHIN.

Sincerely,



Joe McReynolds
Board Chair of the Central West LHIN



Mimi Lowi-Young
Executive Officer of the Central West LHIN

MEMBERS OF THE BOARD

Joe McReynolds
Chair
June 9, 2008 – June 9, 2011

Terry Miller
Vice Chair
June 9, 2008 – June 9, 2011

Kuldip Kandola
Secretary
June 9, 2008 – June 9, 2011

Anita Gittens
Member
May 17, 2008 – May 17, 2011

Winston Isaac
Member
Jan. 13, 2010 – Jan. 13, 2012

Gerry Merkley
Member
June 17, 2010 – June 17, 2013

Emily Tan
Member
July 8, 2010 – July 8, 2013

Ken Topping
Member
Oct. 6, 2010 – Oct. 6, 2013

Lorraine Gandolfo
Member
Oct. 27, 2010 – Oct. 27, 2013

WELCOME TO OUR LHIN

The following key features describe the Central West Local Health Integration Network.

- The fastest growing community in Canada
- A highly diverse population
- The highest birthrate in the province.

Through an understanding of the health needs of the local population the Central West LHIN is identifying local health system priorities.

The Central West LHIN covers approximately 2,590 square kilometers and includes all of Dufferin County, the northern portion of Peel Region, parts of north-western Toronto and south-west York Region.

The geographic area includes a mix of urban, suburban and rural communities.

The Central West LHIN represents 6.1% of Ontario's population. The 2006 census estimated the population to be approximately 739,957.[1]

The LHIN has experienced unprecedented growth. Between 2001 and 2006 the population grew by 18.1% and was highest amongst the 14 LHINs and higher than the Ontario growth rate of 6.6%.[1] the population is expected to grow by 25% between 2006 and 2016.[2]

The population of the Central West LHIN is younger compared to the province and the youngest among the 14 LHINs. The median age of the LHIN in 2006 was 34.9 years[1] The LHIN is expected to experience significant aging of the population in the period between 2006 and 2016.[2]

Women in the Central West LHIN give birth to over 11,000 babies a year, the highest birth rate (6.2%) in all LHINs (since 2006 FY).[3]

The Central West LHIN has a highly ethno-culturally diverse population, with 46% identified as immigrants and over 50% as visible "minorities."

[1] Statistics Canada 2006 Census
[2] Ministry of Finance Population Projections by LHIN from C2009-2036, based on Census Survey data up to 2008
[3] Discharge Abstract Database, CIHI

Central West LHIN residents report very good or excellent physical health overall. Life expectancy is longer in the Central West LHIN – 82.3 local years of age compared to 80.7 years of age for the province.[4]

Residents' rating of their own mental health as very good or excellent was 76.3% in 2008[5] slightly higher than the provincial rate.

The proportion of overweight and obese adults in the LHIN is growing. In 2008, those reporting being overweight was higher than the province. In 2008, almost one in five youths in the LHIN was overweight or obese.[5]

While the prevalence of diabetes within the Central West LHIN may have improved from 8.6% to 5.2% (compared to 6.4% provincially), according to the Canadian Community Health Survey (2009), the prevalence of end stage renal disease (often the result of complications with advanced diabetes) has increased in the Central West LHIN population.

The percentage of residents reporting high blood pressure increased from 13.3% in 2003 to 16.3% in 2008, slightly lower than the provincial rate of 16.6%[5]

In 2008, the percentage of residents with arthritis or rheumatism was 10.9%, significantly lower than the province rate of 16.9%[5]

Reports of asthma from Central West LHIN residents increased from 7.7% in 2003 to 8.6% in 2008, slightly higher than the provincial rate of 8.3%[5]

Rates of prostate, ovarian and cervical cancer are relatively higher when compared to other LHINs. Most cancer screening rates remain low compared to other LHIN's[6]

[4] Life Expectancy at Birth, Based on 2005 deaths
[5] Canadian Community Health Survey 2008
[6] iPort, Cancer Care Ontario

Map of the Central West LHIN

LHIN PERFORMANCE INDICATORS

The Central West LHIN is accountable to the Minister of Health and Long Term Care through the Ministry/LHIN Accountability Agreement (MLAA). The MLAA sets out the priorities the LHIN will focus on and the targets it is striving to reach or exceed as the LHIN works to fulfill its mandate to plan, integrate and fund health services providers who make up the local health system.

Performance management is a key to any transformation of the health care system and a focus on performance will guide system partners in aligning local health care needs to health system goals.

Performance Indicator	LHIN 10/11 Starting Point	LHIN 10/11 Performance Target	Most Recent Quarter 2010/11 LHIN Performance	Percent from Target for Most Recent Quarter Result*	FY 2010/11 LHIN Annual Result
1. 90th Percentile Wait Times for Cancer Surgery	57	57	59	3.5%	61
2. 90th Percentile Wait Times for Cardiac By-Pass Procedures	NA	NA	NA	NA	NA
3. 90th Percentile Wait Times for Cataract Surgery	90	90	104	15.6%	99
4. 90th Percentile Wait Times for Hip Replacement	156	156	176	12.8%	171
5. 90th Percentile Wait Times for Knee Replacement	161	161	190	18.0%	185
6. 90th Percentile Wait Times for Diagnostic MRI Scan	110	94	111	18.1%	130
7. 90th Percentile Wait Times for Diagnostic CT Scan	31	28	21	-25.0%	21
8. Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution***	10.13%	9.50%	7.96%	-16.2%	9.55%
9. 90th Percentile ER Length of Stay for Admitted Patients	35.00	27.20	36.93	35.8%	30.63
10. 90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	9.50	8.40	8.50	1.2%	8.72
11. 90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	5.00	4.00	4.05	1.3%	4.23
12. Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions**	14.20%	12.10%	13.01%	7.5%	14.55%
13. Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions**	17.00%	14.50%	20.39%	40.6%	19.82%
14. Re-admission within 30 Days for Selected CMGs**	15.20%	14.70%	14.93%	1.5%	15.45%

Performance Indicator Notes

1. The Central West LHIN has achieved the Provincial target of 84 days for "the 90th Percentile Wait Time for Cancer Surgery." The LHIN is continuing to work towards shortening its wait time for Cancer Surgery by 4 days in order to meet its local target of 57 days. A significant challenge for the LHIN in reducing its wait time for cancer surgery is the long wait for certain oncological procedures that are not typically performed within the target period due to a need to monitor their progress prior to surgery, e.g.; endocrine and genitourinary surgery.

2. N/A

3. The Central West LHIN has met the Provincial target of 182 Days for the "90th Percentile Wait Time to Cataract Surgery." The LHIN is continuing to reduce the wait time to Cataract Surgery in order to meet its local target of 90 days. With the annual result for the LHIN coming in at 99 days, a decision was made to increase operating room capacity in the LHIN for cataract eye surgery to help reduce the length of time patients are waiting for Cataract Surgery.

4. The Central West LHIN has achieved the provincial target of 182 days for the "90th Percentile Wait Time for Hip Replacement" surgery. The annual result for this indicator was 171 days and the LHIN is committed to further reducing this wait time in order to meet its local target of 156 days. A significant challenge facing the LHIN during the year was the retirement of an established hip and knee orthopedic surgeon, which resulted in a longer than anticipated wait times for some patients. A new orthopedic surgeon has been recruited to fill the vacancy and is currently building his practice to help restore wait times for Hip Replacement surgery.

5. The Central West LHIN did not achieve the provincial target of 182 days for "90th Percentile Wait time for Knee Replacement" surgery. The annual result for this indicator was 185 days and the LHIN is committed to further reducing this wait time to its local target of 161 days. A significant challenge facing the LHIN during the year was the retirement of an established hip and knee orthopedic surgeon, which resulted in a longer than anticipated wait times for some patients. A new orthopedic surgeon has been recruited to fill the vacancy and is currently building his practice to help restore wait times for Hip Replacement surgery. Also, additional orthopedic clinical resources have been recruited to manage non-elective knee surgery cases and free up staff surgeons to focus on elective surgery.

6. The "Wait time for Diagnostic MRI Scans" is longer than was anticipated by the Central West LHIN target of 94 days. The LHIN faced a number of challenges meeting this target. In particular, there was increasing demand for MRI scans due to a growing population which is expected to grow by 10% over the next few years. Added to this growing demand is pressure from outside of the LHIN. Approximately 30 percent of all referrals for Diagnostic MRI Scans came from other LHINs. William Osler Health System is the sole provider of MRI Scans in the LHIN and has limited capacity to meet a growing demand for its services.

   In order to improve the efficiency and create some additional capacity for Diagnostic MRI scans, the LHIN implemented an automated booking system for patients to deal with queuing issues and problems like missed appointments. In addition, the LHIN was successful in securing new funding for an existing MRI scanner, as well as, additional funding for high priority MRI scans, which supported adding an extra shift to operate the scanner. An MRI Process Improvement Project is currently being implemented to improve wait time performance by optimizing resources and improving processes.

7. The Central West LHIN performed better than the 2010/11 target of 28 days for "90th Percentile Wait Time for Diagnostic CT Scan." During the course of the year wait times improved by 10 days. Mid-year wait time performance was at 14 days. Challenges in maintaining this level of performance for Diagnostic CT Scans are encountered with increased demand for inpatient and emergency CT exams, some of which require longer exam times.

8. The "Percentage of Alternate Level of Care Days" improved significantly from its starting point and came within 0.05% of meeting the 2010/11 target set by the Central West LHIN at 9.5%. The significant improvement in % ALC Days is largely due to the launch of the "Home First Initiative," which has ensured that adequate community based resources are in place to support patients going home on discharge, if appropriate. This initiative is based on the principle that people will receive appropriate care in their home and will utilize ED and hospital beds and services only when are required. Patients will return home for care as soon as possible, with the appropriate supports to be healthy and safe.

   In addition, the "Stay at Home" program of enhanced community-based services was introduced during the year to support very frail elderly clients and their caregivers with a goal to prevent unnecessary trips to the ED and avoid potential admission. These initiatives together with enhancement of facilitated discharge rounds and the development of a Joint Operations Committee have contributed to an improvement in patient flow and reduction of ALC rates. CCAC Nursing Care Centre's were fully expanded across the LHIN with a site to support each Hospital and Emergency Department by providing access to timely care in Orangeville, Brampton and Etobicoke.

9. The Central West LHIN's performance in "90th Percentile Emergency Room Length of Stay for Admitted Patients" improved significantly from its starting point of 35 hours to its annual result of 30.63 hours. The LHIN is working to meet its local target of 27.2 hours but is facing a growing challenge in the number of people who are using Emergency Departments. Emergency Department visits grew by 9,280 - this is equivalent to a 4.8% increase between 2009/10 and 2010/11. The LHIN is funding a full program of initiatives in its hospitals under the Emergency Department Pay for Results Action Plan to improve the wait time in the Emergency Department. These initiatives are making positive improvements, however, demand continues to exceed capacity especially for high acuity patients, which increased by approximately 10% in 2010/11 compared to 2009/10.

10. The "Emergency Room Length of Stay for Non-Admitted Complex Patients" improved from its starting point of 9.5 hours to its annual result of 8.72 hours. The LHIN is working to meet its local target of 8.4 hours by supporting a full program of initiatives in the Emergency Department under the Emergency Department Pay for Results Action Plan that are focused on improving wait times for high-acuity patients by designing better processes to help patients move through the acute-care system. The increase in emergency department visit volume noted above, specifically in high acuity patients has masked performance improvements achieved through these initiatives

11. The "Emergency Room Length of Stay for Non-Admitted Minor Uncomplicated Patients" improved from its starting point of 5 hours to its annual result of 4.23 hours. The Central West LHIN continues to support initiatives under the Emergency Department Pay for Results Action Plan to help achieve its local target of 4 hours. The LHIN has invested in better processes to streamline care for low acuity patients in dedicated space within each of the 3 Emergency Rooms in the LHIN. Significant investments have also been made in providing care for patients in the community to divert visits from the Emergency Department and avoid unnecessary hospitalization. The success of these investments is evidenced by the reduction in volume of patients (approximately 5%) presenting in the Emergency Department with minor and uncomplicated conditions.

12. The Central West LHIN is working to meet its performance target of 12.1% in the volume of "Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions." The LHIN has been working in collaboration with its Health Service Providers to ensure that initiatives are targeted to address the most significant issues facing this patient population. It is anticipated that new services introduced with funding from the LHIN under the Aging At Home Strategy are anticipated to have a significant impact on the number of repeat visits.

13. The Central West LHIN is working to meet its performance target of 14.5% in the volume of "Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions." The LHIN has been working in collaboration with its Health Service Providers to ensure that this new indicator is informed by a strong clinical understanding of both Hospital and Community based client interactions. With two new services introduced to the LHIN in Q3 and Q4 of 2010/11 (16 supportive housing units and two concurrent disorders case managers), it is anticipated that the number of repeat visits for Substance Abuse Conditions will decrease in the LHIN in the coming year

14. The Central West LHIN is working to improve its annual performance in the "Percentage Readmission within 30 Days for Selected CMGs" by reducing its annual result of 15.45 % to its local target of 14.7%. This new indicator reflects on how well the health care system is working to manage individuals successfully out of hospital, particularly those individuals supported by primary care. The LHIN is working with its partners to inform the results of this indicator with a strong clinical understanding of the elements that lead to the successful management of individuals in the community. With a better understanding of the system, the LHIN is committed to building successful strategies to lower hospital readmission rates.

* A negative percentage means the LHIN has met its target

** FY 2010/11 is based on only 2 quarters of data (Q1-Q2 2010/11) due to availability

*** FY 2010/11 is based on only 3 quarters of data (Q1-Q3 2010/11) due to availability

ER/ALC

Reducing wait times in hospital emergency rooms (ER) is a top priority for the Central West LHIN. Reducing long waits for patients in emergency rooms requires a systems approach involving hospitals and community service providers. Alternative Level of Care (ALC) describes patients who are in the hospital waiting for services that could be delivered in their homes or the community. ALC patients impact ER wait times as people wait in the ER for a hospital bed that is currently occupied by someone who would be better cared for in the community.

The ALC rate is a good indicator of whether people are getting care when and where they need it. In 2010/11, the Central West LHIN had the lowest ALC rate in the province – which means that the healthcare system is performing relatively well. In the third quarter of the 2010/2011 fiscal year, the Central West LHIN had an ALC rate of 8% (compared to an average provincial rate of 11.3%).

- When comparing the number of ER visits from fiscal years 2009/10 and 2010/11, Brampton Civic has experienced a 7.3% growth in volumes, higher than the provincial growth rate of 2.7%.
- The Central West LHIN continues to face challenges in managing the volumes of high acuity (most seriously ill or injured) patients. The length of time that high acuity patients spend in the emergency department increased from 14.3 hours in the first three months of 2010 (Q4 2009/2010) to 15.1 hours in the first three months of 2011 (Q4 2010/2011).
- The Central West LHIN has seen improvements in the length of time that low acuity (less seriously ill or injured) patients spend in the emergency department, dropping from 4.7 hours in Q4 2009/10 to 4.1 hours in Q4 2010/11 moving toward the provincial target of 4 hours.

Initiatives that the Central West LHIN is pursuing across the spectrum of care to bring about improvement in ER performance include:

- **Nurse Practitioner Long-Term Care Outreach Team**: Provides additional support in long-term care homes to avoid transfers to the emergency room and unnecessary utilization.
- **Medical Admissions Unit (MAU)**: An 8-bed pod distinct from the ER designed to address the additional needs of patients who require further diagnostic investigation or physician consultation.
- **Community Care Access Centre Case Manager**: Focuses on hard to reach seniors who present to the Brampton Civic and Etobicoke General ERs and identifies service requirements that may assist in avoiding admission.

- **After Hours Urgent Care Clinic (UCC)**: Originally opened in 2008 to provide appropriate care for low acuity patients outside the ER, creating additional capacity in the ER. The UCC now operates 12 hours a day, 7 days a week.
- **Paediatric Assessment Zone (PAZ)**: Paediatric patients represent approximately 25% of our patient population within ERs at William Osler Health System. A PAZ model was implemented to create a paediatric-friendly environment to enhance flow and quality of care for these patients.
- **Cardiac Assessment Zone (CAZ)**: Chest pain is the most significant reason for visits to William Osler Health System's ERs. The CAZ is designed to streamline patients with chest pains and initiate medical directives to provide care effectively and efficiently.
- **Mental Health Extended Observation Unit**: Designed to provide specialized services to mental health patients and create additional capacity in the ER.
- **Access and Care Transformation Initiative at Osler Now (ACTION)**: A process redesign intended to improve the appropriate flow for patients through the hospital and into the community.
- **See and Treat Unit at Headwaters Health Care Centre**: Designed to provide services for ambulatory, non-monitored patients of high and low acuity to create additional capacity to see complex patients sooner in a more acute area.
- **Emergency Department Performance Improvement Plan (ED-PIP)**: Implemented at Headwaters Health Care Centre with focus on improving patient flow from the ER through to inpatient units. Brampton Civic Hospital and Etobicoke General Hospital will be participating in Wave 4 of ED-PIP in 2011/12.
- **Emergency Department Collaborative**: The Emergency Department Collaborative identifies clients who could go home from the Emergency Department and avoids unnecessary admissions to the hospital. Case managers in the ER resulted in increased rate of referrals of clients to CCAC services and timelier processing of referrals.
- **Physician Initial Assessment (PIA)**: Funding was provided in 2010/11 to compensate the expansion of physician staffed hours in the ER at all three Central West LHIN hospitals

Initiatives to support further reduction of ALC days in the LHIN include:

- **Home First**: The Home First philosophy has been adopted throughout the Central West LHIN. Programs have been implemented to prevent unnecessary admissions and facilitate discharge of clients home when they might otherwise remain in hospital and/or be placed in long-term care including:

- Wait at Home for Long Term Care: Provides adequate support for patients to transition home to wait for long term care placement.
- Wait at Home for Rehab: Provides adequate support for patients to transition home to wait for inpatient or community rehab.
- Enhanced End-of-Life Program: Allows the Central West CCAC to provide enhanced services to patients in their home near end-of-life to allow patients to be comfortable in their homes and avoid hospitalization.
- Stay at Home: Enhanced services to support very frail, elderly clients with the goal to prevent unnecessary visits to the ER and avoid potential admissions.

- **Convalescent care beds in long-term care homes**: 40 convalescent care beds are available in long-term care homes in the Central West LHIN for individuals who require a period of convalescence following treatment in a hospital.
- **Restorative beds**: 6 short stay beds are available in supportive housing and assisted living settings within the LHIN to assist individuals transitioning out of hospital into the community.
- **Nursing Care Centres**: Expanded to 3 locations in the Central West LHIN geography (Brampton, Orangeville and Etobicoke) to support each of the emergency departments by improving access to timely care.
- **Bridging you Home:** Provides care and support to seniors in a retirement home setting on a short-term basis.
- **Palliative Care Network**: A network of palliative care providers with Advanced Practice Nurses that provide clinical consultative services to support the provision of care in the community.
- **The Rural Geriatrics Outreach Program**: Supports rural seniors in the Bolton and Shelburne Area to continue to live in their homes as well as assist in the transition from hospital to the community.
- **Specialized Geriatric Services:** Provides a range of specialized geriatric assessments and treatment (medical/physical) and rehab services, using inter-professional teams, based on best practice.
- **Patient Flow Improvement Project**: The Central West LHIN is one of four LHINs participating in a Ministry of Health and Long-Term Care sponsored Patient Flow Improvement Project. The overall objective is to identify and recommend solutions and policy options to improve patient flow. The Central West LHIN worked with providers to identify initiatives that are currently being implemented that meet the project objectives.

Aboriginal Health

The number of Aboriginal residents in the Central West LHIN is 5,890 (Census, 2006). There is a smaller percentage of Aboriginal people in the Central West LHIN (0.6%) compared to the province (2.0%). There are no Aboriginal reserves within the LHIN.

Most members of the Aboriginal community living in the Central West LHIN currently seek health and social services through main stream providers or travel to Toronto to seek culturally sensitive services through Anishnawbe Health.

The LHINs in the Greater Toronto Area (GTA), including the Central West LHIN co-sponsored an Aboriginal Knowledge Network. Through the Aboriginal Knowledge Network the Central West LHIN is exploring opportunities to conduct health planning in a way that fosters the growth of mutually reciprocal relationships between the 5 GTA LHINs and the GTA Aboriginal communities.

Findings from the Aboriginal Health Needs Assessment, which looked at the needs of the Aboriginal community living within both the Central West and Mississauga Halton LHINs, indicated a number of Aboriginal community members are seeking increased access to culturally sensitive health care options. Mainstream providers acknowledged that they lacked depth of experience as well as understanding of First Nation, Metis and Inuit ways of knowing and communicating.

The Central West LHIN continues to work with the Mississauga Halton LHIN and the Aboriginal Knowledge Network to address opportunities related to health and education, helping Aboriginal residents navigate the health system, and informing local health service providers about Aboriginal culture and their health needs.

Diabetes

The Central West LHIN is working to support the goals of the Ontario Diabetes Strategy to create a modern, integrated service delivery model that spans the spectrum from prevention through primary care to specialist care.

Diabetes is important to the Central West LHIN. As cited by the Canadian Diabetes Association, there is evidence that suggests a predisposition to diabetes in the immigrant and ethno-culturally diverse population of the Central West LHIN.

While the prevalence of diabetes within the Central West LHIN may have improved from 8.6% to 5.2% (compared to 6.4% provincially), according to the Canadian Community Health Survey (2009), the prevalence of end stage renal disease (often the result of complications with advanced diabetes) has increased in the Central West LHIN population.

The Central West LHIN currently has a total of 11.5 Ministry of Health and Long-Term Care (MOHLTC) funded Diabetes Education Teams that are delivered by 5 health service providers across the LHIN.

William Osler Health System was designated as the host site for the Central West Regional Diabetes Coordination Centre. Working with local resources and existing expertise, the Centre will strive to ensure the integration of diabetes services across the continuum of care so that individuals living with, or at risk of developing, diabetes have access to the services they need.

William Osler Health System is also the site for the Regional Renal Coordination Centre. The program will organize and coordinate chronic kidney disease services in the Central West LHIN. The program is staffed and supported by a regional steering committee that has developed a vision for renal services in the Central West LHIN.

The LHIN continues to work with the MOHLTC and the Ontario Renal Network for approval of the community-based and comprehensive chronic renal satellite unit in Etobicoke.

In 2010/11, the MOHLTC opened the Centre for Complex Diabetes Care at Brampton Civic Hospital. The Centre is providing comprehensive care and services to people with diabetes who have complex health needs.

Diversity and Equity

Improving healthcare service delivery to the LHIN's diverse communities will help in achieving the provincial strategic direction of improved equity of access. Working with local health service providers, the Central West LHIN is advancing the development of culturally-competent health care services and working to actively reduce health disparities in the various population groups in the LHIN.

Culture and ethnicity influence health in real ways, including how people interact with the health system, get access to health information, make lifestyle choices, participate in health promotion and prevention, and understand illness.

The Central West LHIN is one of the most ethno-culturally diverse regions in Ontario, with 46% of the population identified as immigrants and over 50% as visible minorities. The percentage of recent immigrants in the Central West LHIN is 9.5%, substantially higher than the provincial percentage of 4.8%, and with higher percentages in the more urban communities of Malton (18.7%), Rexdale (14.2%) and Brampton (9.9%).
The rich ethno-cultural diversity in the Central West LHIN requires health services to be sensitive to language barriers, respect cultural beliefs, and prevent and treat diseases that are frequently seen in these populations.

In 2010/11, the Central West LHIN developed a Health Equity Environmental Scan Questionnaire and included a requirement that the scan be completed by each hospital and community health service provider as part of their accountability agreement with the LHIN. The scan will assist health service providers to identify current practices and improvements in addressing the needs of diverse groups.

The LHIN is also working with health service providers to develop knowledge about the Health Equity Impact Assessment Tool (HEIA). The HEIA is a flexible and practical assessment tool that can be used to identify potential health impacts of a plan, policy or program on vulnerable or disadvantaged groups within the general population.

eHealth

eHealth describes the use of information and clinical technologies in health care and is a key enabler of systemic change in Ontario. eHealth holds the potential to enhance patient care, safety and access.

Increasing the adoption of Physician Electronic Medical Record (EMR's) systems within the LHIN continues to be a key focus. With electronic medical records, patients can be confident that their doctors will be able to access their information, such as their latest lab results, quickly and easily.

Community service organizations are working with the Central West CCAC to develop a plan to launch the Community Sector Portal which will enable web based collaboration for all Central West provider organizations.

The Central West LHIN continued its participation in the ConnectingGTA project which will remove barriers to electronic information exchange to provide the approximately 700 health service providers in the Greater Toronto Area (GTA) with secure access to patient health information. In 2010/11ConnectingGTA initiatives include:

- **Ontario Laboratories Information System (OLIS):** A provincial system that connects hospitals, community laboratories, public health laboratories and practitioners to facilitate the secure electronic exchange of laboratory test orders and results
- **MEDSEEK Web Service** will increase access to electronic patient health information across the Central West and Mississauga Halton LHINs. This project will allow information in the Rapid Electronic Access to Clinical Health Information Portal (REACH), a health information system, to be shared with more clinicians.

Over the past year, the Central West LHIN has focused on the implementation of Community Care Information Management solutions, which include common patient assessment records and enhanced business systems for the community support services and Mental Health and Addictions sectors.

The Central West LHIN successfully implemented the Integrated Assessment Record (IAR) pilot project. This tool was created to enable care providers within the circle of care to access common assessment data, with the goals of facilitating collaborative client/patient care and supporting the sharing of assessment information.

In 2010/11, the Central West LHIN identified two nurse peer leaders who will work to broaden the level of awareness and knowledge within the nursing community about eHealth initiatives and how to use them in their work. They will serve as a resource to the various eHealth project teams as they plan deployment, change management and adoption activities.

French Language Services

The Central West LHIN is committed to health system transformation that improves access to health care services to meet the needs of Francophones. In 2010, the Central West LHIN hired a French Language Services Coordinator to improve engagement with the Francophone community, to plan for French language health services, and to ensure the LHIN is compliant with the French Language Services Act and related provincial directives.

To continue the work of improving access to health services for Francophones the Central West, Toronto Central, and Mississauga Halton LHINs signed an accountability agreement with the new government-appointed French language health planning entity, the Entité de planification pour les services de santé en français de Toronto Centre, Centre Ouest et Mississauga Halton.

The Central West and Mississauga Halton LHINs, in collaboration with the Centre de services de santé Peel et Halton, developed a questionnaire focused on the experience of Francophones in the health care system. Over 600 surveys were returned and the findings will assist the LHIN in planning French language services.

In 2010/11 the Central West LHIN worked with 4 health service providers to develop French Language Services Implementation Plans for 2011-2012:

- Canadian Mental Health Association-Peel
- Central West Community Care Access Centre
- Supportive Housing in Peel
- William Osler Health System

These plans outline actions these health service providers will take over the next year to improve their delivery of French language services.

Through Aging at Home funding, the Central West LHIN supported the development of French language services for Francophone seniors:

- Bramalea Community Health Centre hired a Francophone Health Promoter to offer health promotion workshops, health information and socio-recreational programs to help seniors live active and healthy lives.

- The TeleCheck program expanded into French. TeleCheck offers daily/regular check-in phone call to registered seniors (ages 55+) to provide reassurance for those who live alone or with caregivers/families. It is both a security call, to ensure that the person is not in need of any assistance, and a social call to provide emotional and listening support.

Mental Health and Addictions

The Central West LHIN will support the local implementation of the provincial 10-year Mental Health and Addictions Strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful, and effective services.

The Central West LHIN is home to 9 mental health and addictions service programs that provide a comprehensive range of services including residential long-term drug and alcohol addiction treatment for men, assertive community treatment teams, intensive case management, justice services, rehabilitation programs, outreach, peer and youth support, individual and group counselling, transitional support, and supportive housing.

Psychiatric sessionals providing consultation and education to health service providers almost doubled to 1,641, four hour sessions in 2010/11.

The Central West Concurrent Disorders Network hired two full-time short-term case management staff targeted to serve an estimated 120 clients annually. The network of 25 health and social service organizations also reached agreement to use a standard screening tool with their clients for concurrent disorders to help identify co-occurring mental illness and substance use and plan treatment earlier.

The Canadian Mental Health Association in Peel is planning for a 2-year prevention and early intervention project that targets the primary social and psychological factors that lead youth to engage in substance use and other risk-taking behaviours. This project is anticipated to annually serve 80 youth aged 12 to 18 years using illicit drugs.

The Central West LHIN successfully implemented the Integrated Assessment Record Pilot (IAR) project. This tool was created to enable care providers within the circle of care to access common assessment data, with the goals of facilitating collaborative client/patient care and supporting the sharing of assessment information. Mental Health services in the Central West LHIN will benefit from a more complete view of the client through use of the IAR, a tool that allows authorized users to view a client/patient's previous assessment information.

Palliative Services

In 2010/11 the Central West Palliative Care Network was established to bring together community resources to support individuals near the end of their life, as well as their family and caregivers. The Network of local palliative and end-of-life providers is funded by the LHIN and hosted by the Central West Community Care Access Centre (CCAC).

The Central West Palliative Care Network has recruited two highly specialized Advance Practice Nurses who are experts in palliative care and can advise physicians and other health care providers about all aspects of caring for someone at this stage of life, including supporting the person's family and caregivers. The Network is actively recruiting a third Advance Practice Nurse. From December 2010 to May 2011 the Advance Practice Nurses saw 108 clients.

There are multiple palliative care providers in the Central West LHIN including:

- 3 dedicated palliative care case managers with the Central West CCAC who coordinate community care for palliative patients.
- 2 hospice programs (Caledon and Dufferin).
- 41 dedicated palliative care beds at the William Osler Health System (16 at the Etobicoke General site, 25 at the Brampton Civic site), and an additional 3 beds at Headwaters Health Care Centre supported by medical and nursing specialists.
- Community-based support agencies, like Wellspring Halton-Peel.
- A Palliative Care Pain and Symptom Management program.
- A community and facility Palliative Care Interdisciplinary Education Program.
- Palliative care services in long-term care homes.
- Bethell House, a new 10-bed residential hospice operated by Hospice Caledon, opened on April 16th, 2010.
- A significant number of Central West LHIN residents access two neighbouring hospice services, namely Heart House in Mississauga and the Dorothy Ley Hospice in Etobicoke.

Primary Health Care

A well-developed, strong primary health care system is foundational to health system transformation having a positive impact on improving access and quality of care, enhancing the patient's experience, and reducing emergency room volumes and wait times.

According to the Primary Care Access Survey conducted by the Ministry of Health and Long-Term Care (MOHLTC), the proportion of Central West LHIN residents over 16 years of age who report that they have family doctors was 93.5% in the second quarter of fiscal year 2010/11, compared to the provincial rate of 93.1%.

Two satellite locations with Rexdale Community Health Centre have been approved and services at a temporary location will be phased in while the establishment of a permanent location takes place.

Bramalea Community Health Centre was approved to establish a satellite location in Malton. Planning for the permanent site of the Malton facility is underway

Currently the Central West LHIN has a complement of 7 Family Health Teams which includes the approval of two new Family Health Teams in 2010/11.

The LHIN has developed a physician engagement strategy and engages local physician groups, individual physicians, the Ontario Medical Association, and Ontario College of Physicians and Surgeons for input on LHIN initiatives.

The LHIN set up an online eConsultation for local physicians using internet, mail, and phone contacts. A report with lessons learned will inform future engagements.

The Central West LHIN worked with community members, health service providers and municipal leaders in Shelburne and Bolton to develop plans for Health and Care Centres. The Centres will coordinate services across local providers, build on existing health services and help address unmet local needs.

The Central West CCAC established nursing care centres in three different locations (Brampton, Orangeville and Etobicoke). Between July and September of 2010, the nursing care centres received 3,291 visits.

Rehabilitation

The Central West LHIN is working to enhance the focus on patients and families as they navigate the health system to ensure rehabilitation services are coordinated and meeting the clients' needs.

A comprehensive study of rehabilitation services in the Central West LHIN was undertaken. The study include a review of practices locally, data collection and analysis, stakeholder and academic interviews, an international literature search, and a day-long forum. The final report entitled *Smoother Transitions Better Outcomes Report: Building a Framework to Rethink Rehab* was received in August 2010.

The Central West LHIN formed a Rehabilitation Leadership Team to lead the implementation of recommendations from the "Smoother Transitions Better Outcomes" rehabilitation study. As the first step, the Rehabilitation Leadership Team formed working groups to guide the implementation of recently-endorsed provincial best practices in hip fracture, total joint replacement, and stroke care.

In addition, there was increased funding for community-based Acquired Brain Injury (ABI) services. The Peel Halton Dufferin Acquired Brain Injury Service located a new ABI program in Orangeville.

The Central West LHIN funded an ABI education program for long term care home staff. The program was developed by experts at the Toronto Rehabilitation Institute exclusively for the long term care environment. Two Central West LHIN homes, Kipling Acres and Dufferin Oaks, participated in the program which included classroom teaching and on-site mentoring.

Services for Seniors

The Aging at Home strategy is a province wide initiative to help seniors stay healthy and live independently and with dignity in their home. In 2010/11, the Central West LHIN launched year three of the successful Aging at Home strategy with total funding of $10.7 million to ensure more seniors get health care at home or in the community. These funds represent 47 programs that will serve over 20,000 seniors in the Central West LHIN. The total includes $3.9 million in new funding for 2010/11 which will create 15 new programs to serve almost 3000 more seniors than previous years.

The Aging at Home programs are building community based services helping seniors stay healthy and live independently in their homes. A number of these programs assist seniors who are in the hospital to get back to home with the care they need and thereby reducing wait times in hospital emergency rooms. Aging at Home programs implemented in 2010/11 include:

- **Home First:** A series of programs that help transition seniors from hospital to home and ensure they have the supports needed to live safely while they consider future options such as remaining at home with home care or moving to a long term care facility.
- **Rural Geriatric Program**: Supports rural seniors aged 75 and over in maintaining their continued independence in the community. It also supports seniors as they transition from hospital to home. The goal of the outreach program is to help seniors maximize their health and independence while preventing unnecessary admission to hospital,
- **TeleCheck:** An expansion of this successful program that provides daily reassurance, safety and social call-out programs to seniors living independently, with emergency response when necessary.
- **Seniors Ride Connect**: The Central West LHIN announced funding to expand this program operated by CANES Community Care. This locally integrated transportation service for seniors in Etobicoke, Malton, Brampton, and Woodbridge provides 16,000 rides for seniors annually.
- **Regional Geriatric Services:** Based on a partnership among William Osler Health System, Headwaters Health Care Centre and the Central West CCAC these services increase the hospitals' ability to diagnose, treat, rehabilitate and support frail seniors with complex medical problems. These specialized geriatric services pay special attention to rehabilitative and psycho-geriatric services to support the transition from the hospital to the community or more appropriate settings.

Women and Children

The Central West LHIN has broadened this Integrated Health Services Plan priority from "Maternal and Child" services to "Women and Children's" services. As a result, the LHIN is expanding the work to be undertaken with regards to women's health beyond the time of birth and antenatal care and support.

The Central West LHIN has the highest birth rate in the province. The LHIN worked with William Osler Health System and Headwaters Health Care Centre to develop a system-wide plan for pediatric and obstetrical programs. Under this agreement, Headwaters Health Care Centre will serve healthy mothers and their newborns, while William Osler Health System will provide advanced services and material intensive care arising from higher risk pregnancies.

The LHIN is advised on Women and Children's issues by the Women and Children's Action Group which is hosted by the LHIN, made up of health care professionals, and chaired by the LHIN's Women and Children Health Lead. It completed the development of an inventory list of breastfeeding services in the Central West LHIN. This list is being circulated to all health care providers in order to increase both awareness of breastfeeding practices and access to support for breastfeeding.

Goals of the delivery of women and children's health services include:

- Provide and coordinate services that cross the continuum of care to women and children requiring healthcare services throughout the LHIN.
- Provide culturally sensitive support and services for women and children within a regional women's health system.
- Identify performance indicators to measure and evaluate care for women and children's health in collaboration with all key stakeholders.

INTEGRATION OF SERVICES

Integration means that health service providers work in collaboration with one another so they can provide the right service in the right place at the right time for people in the Central West LHIN. The LHIN is able to look at the local health system as a whole and encourage integration of services that result in better access to care and better results for the investments made in local health care.

Below are examples of integration activities where the Central West LHIN brought health service providers together to enhance their ability to meet the health needs of those they serve.

- The Central West Regional Diabetes Coordination Centre was established to coordinate local resources and expertise to ensure the integration of diabetes services across the continuum of care so that individuals living with, or at risk of developing, diabetes have access to the services they need. A full complement of staff was recruited and in place in January 2011.

- The Regional Renal Coordination Centre was established to organize and coordinate chronic kidney disease services in the Central West LHIN. The program is hosted by the William Osler Health System and staffed and supported by a regional steering committee that recently developed a vision for renal services throughout the Central West LHIN.

- The Central West Concurrent Disorders Network, a network of 25 health and social service organizations, reached agreement to use a standard screening tool with their clients for concurrent disorders to help identify co-occurring mental illness and substance use and plan treatment earlier.

- The Central West LHIN successfully implemented the Integrated Assessment Record Pilot (IAR) project. This tool was created to enable care providers within the circle of care to electronically access common assessment data, with the goals of facilitating collaborative client/patient care and supporting the sharing of assessment information.

- The Central West Palliative Care Network was established to bring together community resources to support an individual near the end of their life, as well as their family and caregivers.

- The Regional Geriatric Services is a partnership among the William Osler Health System, Headwaters Health Care Centre and the Central West CCAC to diagnose, treat, rehabilitate and support frail seniors with complex medical problems. These specialized geriatric services pay special attention to rehabilitative and psycho-geriatric services to support the transition from the hospital to the community or more appropriate settings.

- The Central West LHIN expanded the Seniors Ride Connect program operated by CANES Community Care. The Progra involves 10 other community-based services. This locally integrated transportation service for seniors in Etobicoke, Malton, Brampton, and Woodbridge provides 16,000 annually.

- The Central West LHIN worked with William Osler Health System and Headwaters Health Care Centre to develop a system-wide plan for pediatric and obstetrical programs. Under this agreement, Headwaters Health Care Centre will serve healthy mothers and their newborns, while William Osler Health System will provide advanced services and maternal intensive care arising from higher risk pregnancies.

COMMUNITY ENGAGEMENT

Creating a local health system that meets the needs of residents is what the Central West Local Health Integration Network (LHIN) is all about. By engaging users of the health system, and by building cooperative relationships with health service providers, the Central West LHIN is working to improve access to services for local residents.

The Central West LHIN engages the communities it serves in order to:

- Provide the community with balanced and objective information to assist them in understanding the role and mandate of Local Health Integration Network.
- Obtain input from the community and health service providers and make recommendations on service improvements and opportunities for service coordination in the Central West LHIN.
- Build relationships with the community to ensure that community concerns are understood and considered.

The Central West LHIN posted its Annual Community Engagement Plan on the LHIN website as new LHIN Community Engagement Guidelines were implemented across the province. These annual plans are designed to outline local LHIN community engagement initiatives for the coming year, describing how local stakeholders will be informed about upcoming community engagement activities and how they can provide input into the work of the Central West LHIN.

Below are the community engagement events the Central West LHIN undertook in 2010/11.

Community Engagement Sessions 2010/11	Description	Date	Number of Attendees
Health & Care Centre Shelburne	Public Meeting to seek response to proposed services	May 5, 2010	47
Health & Care Centre Bolton	Public Meeting to seek response to proposed services	May 17, 2010	17
Aboriginal Health Needs Assessment Community Forum	The findings from the Aboriginal Health Needs Assessment were presented to the Aboriginal community.	June 17, 2010	40
Aboriginal Health Needs Assessment Community Forum	Central West LHIN was invited to participate with the Region of Peel's National Aboriginal Day festivities.	June 17 2010	40-60
Open Space Forum: Services en français pour un vieillissement en santé	A community engagement forum to assess needs and priorities of francophone seniors.	August 19, 2010	71
Aboriginal Health Needs Assessment Community Forum	This Aboriginal Community Engagement session presented the Metis community with the findings of the Aboriginal Health Needs Assessment.	September 2010	

Health & Care Centre Shelburne	Public meeting to present the implementation plan for the proposed Health & Care Centre	September 14, 2010	30
Aboriginal Community Engagement Presentation	A presentation on Aboriginal Community Engagement at Sheridan College.	September 30, 2010	
Aboriginal Health Needs Assessment presentation	Metis Nation of Ontario follow -up and engagement about implementation of needs assessment.	November 16, 2010	
Aboriginal Health Needs Assessment presentation	Peel Aboriginal Network follow-up and engagement about implementation of needs assessment	November 25, 2010	
Le Lien français - The French Link	Francophone Steering Committee of Peel had a Central West LHIN booth providing information.	November 6, 2010	54
Community Engagement for Francophone Community - Showcase of FLS in the Central West and Mississauga Halton LHINs	Health Service Providers made presentations to the community about their services, followed by a panel discussion.	November 18, 2010	25
French Language Services Public Forum	Hosted by William Osler Health System with the support of the Central West LHIN, the focus was on the vision for French Language Services.	December 13, 2010	50
Rural and Northern Health Care Consultation	Organized in Shelburne on January 31 by the MOHLTC with MPP Liz Sandals hosting.	January 2011	38
Central West Palliative Care Education Conference	Day-long educational session was organized and delivered by the Central West Palliative Care Network.	March 23, 2011	146
Somali Community Engagement Session	LHIN led event held at to consult with the community on their high priority healthcare needs.	March 5, 2011	75
French Language Services Assessment and Needs Survey	Study was conducted by the Central West and Mississauga Halton LHINs in collaboration with the Centre de services de santé Peel et Halton.	January - April 30, 2011	587
		Total Participants	**677**

Governance to Governance Work

In response to interest from the health service providers' Boards of Directors, and as part of an integrated approach to stakeholder engagement, the Central West LHIN Board of Directors scheduled regular governance to governance dialogue sessions, using the World Café model of facilitation, throughout 2009-2011.

In February 2009, the first of seven (7) formal dialogue sessions were held using the '*World Cafe'* model of facilitation to maximize the participation of participants.

A final session was held in April 2011 and explored the topic of integration.

The overarching objective of these sessions was to support health service provider (HSP) governors as they continue to:

- Ensure that HSP governors provide the necessary oversight regarding the use of the resources they have to serve their clients.
- Ensure that our HSP governors do this in a fiscally and ethically responsible manner.
- Understand the risks and opportunities that face our HSP organizations and to do their best to mitigate those risks and seize those opportunities.
- Encourage HSP organizations to work more closely together to improve efficiencies and to significantly improve access to services in a seamless fashion.

Another milestone for the Central West LHIN was pioneering the governance portal www.governingtogether.ca which is a private and secure website exclusively developed for HSP governors and enables HSPs for the sharing of organizational, board and board member information and best practices.

The portal was developed in order to enable the LHIN and HSPs an opportunity to facilitate system-wide sharing, planning and collaboration. The portal was seed-funded by the Central West LHIN and is financially supported by the Central West CCAC, William Osler Health System and Headwaters Health Care Centre. The portal is being run by 'The Canadian Centre for Leadership & Human Values' (a not-for-profit organization).

CENTRAL WEST LHIN OPERATIONS

The Central West LHIN now funds 53 Health Service Providers with a total transfer payment of $759,377,133 in 2010/11.

Central West LHIN Health Service Providers consist of:

- 2 community health centres
- 1 Community Care Access Centre (CCAC)
- 2 hospital corporations
- 9 mental health and addictions services
- 24 long-term care homes
- 15 community support services.

The LHIN Operational Budget amounted to less than 0.6% of the total transfer payment budget. This includes the 23 full time staff and all consultant costs.

The Central West LHIN worked to be a role model to health service providers on operational efficiencies and modeled collaboration and effectiveness wherever possible.

Committed to ensuring the highest standard of integrity when spending tax payer's dollars on all operational matters from the procurement processes to travel expenses, the Central West LHIN ensured it was consistently in compliance with provincial spending and procurement practices.

In order to develop our Board and staff the Central West LHIN ensured participation in various education and training opportunities to further the development of professionalism and to learn from best practices.

All staff members have annual performance reviews which are tied to specific goals and objectives that support the overall organizational and stakeholder goals and identify professional development opportunities.

The Central West LHIN has opened its doors to health service providers and other organizations so that they can access our videoconferencing/teleconferencing resources and continue to build relations between LHIN staff and our providers

Financial statements of

Central West Local Health Integration Network

March 31, 2011

Deloitte

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Independent Auditor's Report

To the Members of the Board of Directors of the
Central West Local Health Integration Network

We have audited the accompanying financial statements of Central West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2011, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Membre de / Member of Deloitte Touche Tohmatsu

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Central West Local Health Integration network as at March 31, 2011 and the results of its financial activities, changes in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 25, 2011

Central West Local Health Integration Network

Statement of financial position
as at March 31, 2011

	2011	2010
	$	$
Financial assets		
Cash	977,784	932,648
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") - Health Service Providers ("HSP")	857,535	1,701,807
MOHLTC other	-	113,501
Other	95,258	16,800
	1,930,577	2,764,756
Liabilities		
Accounts payable and accrued liabilities	461,931	900,812
Due to MOHLTC (Note 3b)	641,291	178,786
Due to HSP	857,535	1,701,807
Due to the LHIN Shared Services Office (Note 4)	8,469	1,316
Deferred capital contributions (Note 5)	188,537	85,021
	2,157,763	2,867,742
Commitments (Note 6)		
Net debt	(227,186)	(102,986)
Non-financial assets		
Prepaid expenses	38,649	17,965
Capital assets (Note 7)	188,537	85,021
	227,186	102,986
Accumulated surplus	-	-

Approved by the Board

_____ Director

_____ Director

Central West Local Health Integration Network

Statement of financial activities
year ended March 31, 2011

	Budget (Unaudited) (Note 8)	2011 Actual	2010 Actual
	$	$	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9a)	733,300,111	759,377,113	727,403,702
Health Infrastructure Renewal Fund (HIRF) (Note 9b)	-	1,020,195	1,074,261
Operations of LHIN	4,465,150	4,234,790	4,336,828
e-Health (Note 10a)	-	600,000	600,000
e-Health Infrastructure Blueprint (Note 10b)	-	175,000	20,000
e-Health Physician-Patient Portal (note 10b)	-	-	30,000
e-Health Privacy (note 10b)	-	157,000	25,000
e-Health Communications (Note 10b)	-	-	3,500
e-Health Oversight Development (Note 10b)	-	50,000	-
French Language Services (note 10c)	-	64,762	160,400
ER/ALC Performance Lead (Note 10d)	-	100,000	100,000
Emergency Department Lead (Note 10e)	-	75,000	65,000
Aboriginal Health (Note 10f)	7,500	7,500	7,250
Aboriginal Health Transition Fund (Note 10g)	-	-	51,000
Diabetes Self Management Note 10h)	-	-	35,000
Critical Care Lead (Note 10i)	-	75,000	-
Amortization of deferred capital contributions (Note 5)	-	63,622	157,559
	737,772,761	765,999,982	734,069,500
Expenses			
Transfer payments to HSPs (Note 9a)	733,300,111	759,377,113	727,403,702
Transfer payments to HSPs (HIRF) (Note 9b)	-	1,020,195	1,074,261
General and administrative (Note 11)	4,465,150	4,173,327	4,527,733
e-Health (Note 10a)	-	394,063	600,000
e-Health Physician-Patient Portal (Note 10b)	-	45,448	-
e-Health Privacy (Note 10b)	-	34,122	-
French Language Services (note 10c)	-	64,762	132,000
ER/ALC Performance Lead (Note 10d)	-	100,000	100,000
Emergency Department Lead (Note 10e)	-	70,161	64,444
Aboriginal Health (Note 10f)	7,500	7,500	1,056
Aboriginal Health Transition Fund (Note 10g)	-	-	51,000
Critical Care Lead (Note 10i)	-	72,000	-
	737,772,761	765,358,691	733,954,196
Annual surplus before funding repayable to the MOHLTC	-	641,291	115,304
Funding repayable to the MOHLTC (Note 3a)	-	(641,291)	(115,304)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Central West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2011

	2011	2010
	$	$
Annual surplus	-	-
Acquisition of capital assets	**(167,138)**	(57,895)
Amortization of capital assets	**63,622**	157,557
Change in other non-financial assets	**(20,684)**	(16,137)
(Increase) decrease in net debt	**(124,200)**	83,525
Opening net debt	**(102,986)**	(186,511)
Closing net debt	**(227,186)**	(102,986)

Central West Local Health Integration Network

Statement of cash flows
year ended March 31, 2011

	2011	2010
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**(63,622)**	(157,557)
Amortization of deferred capital contributions (Note 5)	**63,622**	157,557
Changes in non-cash operating items		
Decrease (increase) in accounts receivable - MOHLTC	**957,773**	(1,230,108)
Increase in due to the MOHLTC	**462,505**	115,304
(Decrease) increase in due to HSP's	**(844,272)**	1,116,607
Increase in accounts receivable - Other	**(78,458)**	(16,800)
Increase in prepaid expenses	**(20,684)**	(16,137)
Decrease in accounts payable	**(438,881)**	(83,092)
Increase (decrease) in due to the LHIN Shared Services Office	**7,153**	(14,784)
	45,136	(129,010)
Capital transaction		
Acquisition of capital assets	**(167,138)**	(57,895)
Financing transaction		
Increase in deferred capital contributions (Note 5)	**167,138**	57,895
Net increase (decrease) in cash	**45,136**	(129,010)
Cash, beginning of year	**932,648**	1,061,658
Cash, end of year	**977,784**	932,648

Central West Local Health Integration Network

Notes to the financial statements
year ended March 31, 2011

1. Description of business

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long-Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2011.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable, expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets.

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of Financial Activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a. The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	Expenses	2011 Surplus	2010 Surplus
	$	$	$	$
Transfer Payments to HSP's	759,377,113	759,377,113	-	-
Health Infrastructure Renewal Fund (HIRF)	1,020,195	1,020,195	-	-
LHIN Operations (Note 11)	4,234,790	4,109,705	125,085	(33,346)
Capital contribution (Note 11)	63,622	63,622	-	-
e-Health (Note 10a))	600,000	394,063	205,937	-
e-Health Infrastructure Blueprint (Note 10b))	175,000	-	175,000	20,000
e-Health Physician-Patient Portal (Note 10b))	-	45,448	(45,448)	30,000
e-Health Privacy (Note 10b))	157,000	34,122	122,878	25,000
e-Health Communications (Note 10b))	-	-	-	3,500
e-Health Oversight Development (Note 10b))	50,000	-	50,000	
French Language Services (Note 10c))	64,762	64,762	-	28,400
ER/ALC Performance Lead (Note 10d))	100,000	100,000	-	-
Emergency Department Lead (Note 10e))	75,000	70,161	4,839	556
Aboriginal Health (Note 10f))	7,500	7,500	-	6,194
Aboriginal Health Transition Fund (Note 10g))	-	-	-	-
Diabetes Self Management (Note 10h))	-	-	-	35,000
Critical Care Lead (Note 10i))	75,000	72,000	3,000	-
	765,999,982	765,358,691	641,291	115,304

b. The amount due to the MOHLTC at March 31 is made up as follows:

	2011	2010
	$	$
Due to MOHLTC, beginning of year	178,786	63,482
Funding repaid to MOHLTC prior year	(169,882)	-
Adjustment to prior years initiatives and operations	(8,904)	-
Funding repayable to the MOHLTC related to current year activities (Note 3a)	641,291	115,304
Due to MOHLTC, end of year	641,291	178,786

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

5. Deferred capital contributions

	2011	2010
	$	$
Balance, beginning of year	**85,021**	184,683
Capital contributions received during the year	**167,138**	57,895
Amortization for the year	**(63,622)**	(157,557)
Balance, end of year	**188,537**	85,021

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment ending in 2015. Lease renewals are likely. Minimum lease payments due in each of the next four years are as follows:

	$
2012	227,615
2013	225,779
2014	220,835
2015	92,014

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2010. Minimum funding for HSPs related to the next two years, based on the fiscal 2011 accountability agreements, and are as follows:

	$
2012	747,378,850
2013	747,378,850

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Capital assets

			2011	2010
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office furniture and fixtures	**284,229**	**239,819**	**44,410**	51,650
Computer equipment	**34,426**	**34,426**	**-**	4,317
Leasehold improvements	**696,788**	**552,661**	**144,127**	29,054
	1,015,443	**826,906**	**188,537**	85,021

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the Statement of Financial Activities reflect the final budget at June 30, 2010. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $760,505,320 is made up of the following:

	$
Initial HSP funding budget	733,300,111
Adjustment due to announcements made during the year	27,205,209
Total HSP funding budget	760,505,320

The $1,128,207 difference between the final budget of **$760,505,320** and the actual expenses of **$759,377,113** relates to unanticipated delays in implementation of new initiatives.

The total HIRF funding budget of $1,020,195 is made up of the following:

	$
Initial HIRF funding budget	-
Adjustment due to announcements made during the year	1,020,195
Total HIRF funding budget	1,020,195

The total operating budget, excluding HSP funding, is made up of the following:

	$
Initial budget	4,400,050
Stabilization funding	65,100
Aboriginal Funding	7,500
Adjustment due to announcements made during the year	
E-Health PMO	600,000
E-Health Blueprint	175,000
E-Health Oversight Development	50,000
E-Health Privacy	157,000
French Language Services	110,000
French Language Services Surplus returned to MOHLTC	(45,238)
ER/ALC Performance Lead	100,000
ED LHIN Lead	75,000
Critical Care Lead	75,000
Amount treated as capital contributions made during the year	(167,138)
Total budget	5,602,274

9. a) Transfer payments to HSPs

The LHIN approved transfer payments to the various sectors in 2011 as follows:

	2011	2010
	$	$
Operation of Hospitals	**482,506,910**	465,785,181
Grants to compensate for Municipal Taxation - Public Hospitals	**99,450**	99,450
Long-Term Care Homes	**140,517,555**	136,059,183
Community Care Access Centres	**81,483,492**	77,593,209
Community Support Services	**8,788,645**	6,668,770
Assisted Living Services in Supportive Housing	**5,445,343**	4,854,656
Community Health Centres	**7,241,947**	5,695,761
Community Mental Health Addictions Program	**33,293,771**	30,647,492
	759,377,113	727,403,702

b) Health Infrastructure Renewal Fund (HIRF)

The LHIN has authorized to allocate funding of $1,020,195 (2010 - $1,074,261) to support public hospital infrastructure renewal projects that are minor capital in nature.

10. a) e-Health

The LHIN received funding of $600,000 (2010 - $600,000) related to supporting the E-Health projects. E-Health expenses incurred during the year are as follows:

	2011	2010
	$	$
Salaries and benefits	**395,846**	322,496
Staff travel	**1,784**	422
Communication expense	**2,178**	1,652
Recruitment fees	**-**	2,500
Local Health HSP Getting Ready Project	**50,806**	-
Consulting	**61,540**	197,297
Computer equipment	**-**	20,062
Computer software	**-**	52,982
Office supplies	**-**	1,328
Staff development	**6,482**	549
Meeting expenses	**427**	712
Funding returned from William Osler Meditech project	**(125,000)**	-
	394,063	600,000

10. (continued)

b) e-Health Projects

The LHIN received funding of $382,000 (2010 - $78,500) related for specific technology initiatives as listed below. Consulting expenses of $34,122 were incurred for the e-Health Privacy project while Salaries & Benefits of $45,448 were incurred for the Physician-Patient Portal. The revenue for the Physician-Patient Portal project was received by the Mississauga Halton LHIN however, Central West LHIN oversaw the project and therefore, the costs.

			2011	2010
	Revenue	Expense	Surplus/ (deficit)	
	$	$	$	$
e-Health Infrastructure Blueprint	**175,000**	**-**	**175,000**	20,000
e-Health Oversight Development	**50,000**	**-**	**50,000**	-
e-Health Physician-Patient Portal	**-**	**45,448**	**(45,448)**	30,000
eHealth Privacy	**157,000**	**34,122**	**122,878**	25,000
e-Health Communications	**-**	**-**	**-**	3,500
	382,000	**79,570**	**302,430**	78,500

c) French Language Services

The LHIN received base funding of $106,000 and one time funding of $4,000 (2010 - $160,400). This was reduced by the Q3 surplus forecast for net revenue of $64,762 (funding of $110,000 less recovery of $45,238) related to the French Language Services initiative. Expenses incurred during the year consist of $64,762 (2010 - $132,000) consisting Salary and Benefits of $64,762 for the French Language Coordinator.

d) ER/ALC Performance Lead

The LHIN received funding of $100,000 (2010 - $100,000) related to the ER/ALC Performance Lead initiative. ER/ALC expenses incurred during the year of $100,000 (2010 - $100,000) related to salaries and benefits.

e) Emergency Department Lead

The LHIN received funding of $75,000 (2010 - $65,000) related to the Emergency Department Lead project. Emergency Department Lead expenses incurred during the year consist of $69,000 (2010 - $60,526) for consulting fees as well as $1,161 (2010 - $3,918) related to development and travel expenses for a total of $70,161 (2010 - $64,444).

f) Aboriginal Health

The LHIN received funding of $7,500 (2010 - $7,250) related to the Aboriginal Health project. Aboriginal Health project expenses incurred during the year consist of $7,500 (2010 - $1,056) for community engagement.

10. (continued)

g) Aboriginal Health Transition Fund

The LHIN received no funding for AHTF in 2011 (2010 - $51,000) and no expenses were incurred during the year.

	2011	2010
	$	$
Salaries and benefits	-	26,387
Consulting fees	-	20,331
Other expenses	-	4,282
	-	51,000

h) Diabetes Self Management

The LHIN received no funding in 2011 (2010 - $35,000) for Diabetes Self Management Initiative. There were no expenditures incurred.

i) Critical Care Lead

The LHIN received funding of $75,000 (2010 - $0) related to the Critical Care Lead project. Critical Care Lead expenses incurred during the year consist of $72,000 (2010 - $0) for consulting fees.

11. General and administrative expenses

The Statement of financial activities presents expenses by function. The following classifies these same expenses by object:

	2011	2010
	$	$
Salaries and benefits	**2,569,791**	2,669,292
Occupancy	**224,681**	179,409
Amortization	**63,621**	157,557
Shared services	**359,495**	362,714
LHIN Collaborative	**50,000**	12,286
2009/10 deficit adjustment	**21,097**	-
Consulting services	**333,396**	357,950
Supplies	**84,971**	47,201
Board Chair remuneration	**77,175**	75,775
Board member remuneration	**69,525**	63,725
Board expenses	**39,457**	47,608
Mail, courier and telecommunications	**65,094**	49,942
One time initiative funding to Health Service Providers	-	223,474
Other	**215,024**	280,800
	4,173,327	4,527,733

12. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 24 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2011 was $251,586 (2010 - $221,909) for current service costs and is included as an expense in the Statement of financial activities. The last actuarial valuation was completed for the plan in December 31, 2010. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

C'est pour vous
C'est pour votre santé.

Central West **LHIN**

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